



Professional Provider Fee Schedule

Sample Fee Schedule

July 1, 2005

This sample fee schedule includes maximum allowances for commonly billed procedure codes for dates of service on or after July 1, 2005. Refer to the July 1, 2005 *Uniform Medical Plan Professional Provider Fee Schedule* for the complete fee schedule.

Basis for Maximum Allowances

The majority of the fee schedule is based on the Resource Based Relative Value Scale (RBRVS) methodology. The maximum allowances are calculated using the Centers for Medicare and Medicaid Services (CMS) 2005 relative value units (RVUs), CMS statewide Geographic Practice Cost Indices (GPCIs) for Washington State, and the UMP conversion factor of \$50.00.

Non-Facility and Facility Setting Maximum Allowances

The fee schedule includes two maximum allowance columns. The **non-facility setting** maximum allowances apply to professional services performed in all settings, with the exception of ambulances, ambulatory surgery centers, licensed birthing centers, hospice facilities, community mental health centers, hospitals, military facilities, Indian health facilities, Tribal facilities, and skilled nursing facilities. In these settings, the **facility setting** maximum allowances are applicable.

Codes and Descriptions

The UMP fee schedule uses Current Procedural Terminology (CPT™) and the Healthcare Common Procedure Coding System (HCPCS). The descriptions for the CPT™ and HCPCS Level II codes listed are abbreviated. For billing purposes, please use the most recent edition of the CPT™ and HCPCS Level II coding books, which include complete descriptions of the codes.

Coverage and Payment

The procedure codes and corresponding fees listed in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to plan benefits, exclusions, limitations, and pre-authorization requirements. Please consult the UMP *Certificate of Coverage* for complete coverage details. The UMP *Billing and Administrative Manual for Professional Providers* (including the *Certificate of Coverage*) will be sent to you upon approval of your preferred provider status.

Visit the UMP web site at www.ump.hca.wa.gov/provider/ to download copies of all UMP publications mentioned in this document. If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

Fee Schedule Updates and Corrections

The fee schedule is generally updated annually on July 1.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.



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Code & Brief Description	7/1/05 Maximum Allowances	
	Non-Facility Setting	Facility Setting
Evaluation And Management Services		
99201 Office/outpatient visit, new	\$48.50	\$31.50
99202 Office/outpatient visit, new	\$86.50	\$62.00
99203 Office/outpatient visit, new	\$128.50	\$95.50
99204 Office/outpatient visit, new	\$181.50	\$141.50
99205 Office/outpatient visit, new	\$229.50	\$188.00
99211 Office/outpatient visit, est	\$29.00	\$12.00
99212 Office/outpatient visit, est	\$51.50	\$32.00
99213 Office/outpatient visit, est	\$70.00	\$47.00
99214 Office/outpatient visit, est	\$109.50	\$78.00
99215 Office/outpatient visit, est	\$159.00	\$125.00
99231 Subsequent hospital care	\$45.00	\$45.00
99232 Subsequent hospital care	\$73.50	\$73.50
99233 Subsequent hospital care	\$104.50	\$104.50
99241 Office consultation	\$66.50	\$45.50
99242 Office consultation	\$121.50	\$92.00
99243 Office consultation	\$162.50	\$123.50
99244 Office consultation	\$228.50	\$182.50
99245 Office consultation	\$295.50	\$243.00
99283 Emergency dept visit	\$81.50	\$81.50
99284 Emergency dept visit	\$127.50	\$127.50
99285 Emergency dept visit	\$199.50	\$199.50
99395 Prev visit, est, age 18-39	\$129.00	\$96.50
99396 Prev visit, est, age 40-64	\$142.50	\$109.00
Maternity Services		
59000 Amniocentesis	\$183.00	\$112.00
59025 Fetal non-stress test	\$54.50	\$54.50
59400 Obstetrical care	\$2,156.50	\$2,156.50
59410 Obstetrical care	\$1,203.00	\$1,203.00
59430 Care after delivery	\$190.00	\$175.00
59510 Cesarean delivery *	\$2,156.50	\$2,156.50
59515 Cesarean delivery *	\$1,203.00	\$1,203.00

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Code & Brief Description	7/1/05 Maximum Allowances	
	Non-Facility Setting	Facility Setting
Other Commonly Billed Services		
27447 Total knee arthroplasty	\$1,971.50	\$1,971.50
29881 Knee arthroscopy/surgery	\$797.00	\$797.00
45378 Diagnostic colonoscopy	\$509.50	\$272.00
45380 Colonoscopy and biopsy	\$602.00	\$324.50
45385 Lesion removal colonoscopy	\$679.50	\$386.00
66984 Cataract surg w/IOL, 1 stage	\$906.50	\$906.50
70553 MRI brain w/o & w/ dye	\$1,481.50	\$1,481.50
72148 MRI lumbar spine w/o dye	\$761.00	\$761.00
73721 MRI jnt of lwr extre w/o dye	\$678.00	\$678.00
76075 DEXA, axial skeleton study	\$184.50	\$184.50
76092 Mammogram, screening	\$113.50	\$113.50
78465 Heart image (3D), multiple	\$727.00	\$727.00
88305 Tissue exam by pathologist	\$137.50	\$137.50
90806 Psytx, off, 45-50 min	\$131.00	\$126.00
90807 Psytx, off, 45-50 min w/E&M	\$139.00	\$135.50
92004 Eye exam, new patient	\$172.00	\$120.00
92014 Eye exam & treatment	\$128.00	\$80.50
92015 Refraction	\$95.00	\$27.00
93015 Cardiovascular stress test	\$143.00	\$143.00
95165 Antigen therapy services	\$13.00	\$4.50
97001 PT evaluation	\$100.50	\$85.00
97110 Therapeutic exercises	\$37.00	\$37.00
97140 Manual therapy	\$35.00	\$35.00
97530 Therapeutic activities	\$39.00	\$39.00
98940 Chiropractic manipulation	\$34.50	\$29.00
98941 Chiropractic manipulation	\$48.50	\$42.00

* Uses Modified RVUs

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